

SECRET

OC-M-74-738
31 December 1974

MEMORANDUM FOR: Chief, Plans Staff, DD/A
SUBJECT : Financial Resources System Access

Attached are request forms for deletion of []

25X1

25X1 [] and addition of [] to the list of OC
personnel having access to FRS-1.

[]
OC ADP Systems Administrator

25X1

Attachment:
As Stated

Distribution:

- Orig. & 1 - Addressee w/att.
- 1 - OC Record Copy w/o att.
- 1 - ADP File w/att.
- 1 - ADP Chrono w/o att.

25X1 O/OC-EXA []mlg (31 December 1974)

This Memorandum UNCLASSIFIED Upon Removal
of Attachments.

SECRET

25X1

REQUEST FOR ACCESS TO GIM II TERMINALS

TYPE OF REQUEST

☒ INITIAL REQUEST FOR ACCESS ☐ DELETE, PERSON REMOVED FROM ACCESS LIST

☐ NAME CHANGE ☐ OTHER (PLEASE SPECIFY)

25X1 FULL NAME OF TERMINAL USER BADGE NUMBER OFFICE/DIVISION EXT

DATA BASE NAME

ORGANIZATION

SOCIAL SECURITY NUMBER

FRS-1

OF

I CERTIFY AS DATA BASE MANAGER THAT THE ABOVE NAMED PERSON HAS THE
PROPER SECURITY CLEARANCES FOR USING OJCS TERMINALS AND TO HAVE ACCESS
TO MY DATA BASE

25X1

25X1 TYPE OR PRINT NAME OF DB MANAGER

DD/A Plans Staff

TITLE

SIGNATURE

DATE

FOR DBSB USE

ORGANIZATION CODE:

OJCS USER ID:

PASSWORD:

DATA BASE NAME:

This is to acknowledge my receipt of the password listed above which will
allow me to access the specified GIM II data bases. I am aware that will-
ful disclosure of this password to another, without authorization is a
security violation. In the event of inadvertent disclosure or other
circumstances threatening the security of the system, I will immediately
notify the OJCS Security Officer.

SIGNATURE

DATE

WITNESS

REQUEST FOR ACCESS TO GIM II TERMINALS

TYPE OF REQUEST

☐ INITIAL REQUEST FOR ACCESS ☒ DELETE, PERSON REMOVED FROM ACCESS LIST

☐ NAME CHANGE ☐ OTHER (PLEASE SPECIFY)

25X1

FULL NAME OF TERMINAL USER BADGE NUMBER OFFICE/DIVISION EXT

DATA BASE NAME ORGANIZATION SOCIAL SECURITY NUMBER

FRS-1

OF

I CERTIFY AS DATA BASE MANAGER THAT THE ABOVE NAMED PERSON HAS THE
25X1 PROPER SECURITY CLEARANCES FOR USING OJCS TERMINALS AND TO HAVE ACCESS
TO MY DATA BASE

TYPE OR PRINT NAME OF DB MANAGER DD/A Plans Staff
TITLE

SIGNATURE

DATE

FOR DBSB USE

ORGANIZATION CODE:

OJCS USER ID:

PASSWORD:

DATA BASE NAME:

This is to acknowledge my receipt of the password listed above which will allow me to access the specified GIM II data bases. I am aware that willful disclosure of this password to another, without authorization is a security violation. In the event of inadvertent disclosure or other circumstances threatening the security of the system, I will immediately notify the OJCS Security Officer.

SIGNATURE

DATE

WITNESS